

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>100 822 69</b>	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	
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PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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